

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>138</u>
District of <u>Wilhelmsen</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>321</u>
Town of <u>Wilhelmsen</u>			Local Registrar No. <u>1</u>
or	No. _____		St. _____ Ward _____
City of <u>Arizona</u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.
2. Full name of child <u>Harold Robert Brown</u>			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>✓</u>	5. Legitimate? <u>yes</u>
6. Date of birth <u>Apr. 11, 1924</u>		7. Month <u>Apr.</u> Day <u>11</u> Year <u>1924</u>	
8. FATHER		9. MOTHER	
Full name <u>Lafayette Donald Brown</u>		Full maiden name <u>Verma May Beasley</u>	
10. Residence (Usual place of abode) <u>Wilhelmsen, Ariz.</u>		11. Residence (Usual place of abode) <u>Wilhelmsen, Ariz.</u>	
If nonresident, _____		If nonresident, give _____	
12. Color or race <u>White, U.S.A.</u>		13. Age at last birthday <u>26</u> (Years)	
14. Birthplace (city or place) <u>Jefferson City, Mo.</u>		15. Birthplace (city or place) <u>Mo.</u>	
(State or country) _____		(State or country) _____	
16. Occupation <u>State Eng. Engineer</u>		17. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
18. Number of children of this mother (a) Born alive and now living <u>2</u>		19. Were precautions taken against syphilis neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead <u>0</u>		(c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>yes</u> (Born alive or stillborn.) at <u>5 p.m.</u> on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>P. M. Butler, M.D.</u>	
Given name added from a supplemental report _____		Address <u>Wilhelmsen, Ariz.</u>	
Month, day, year. _____		Filed <u>April 12, 1924</u>	
Registrar. _____		County Registrar. <u>P. M. Butler</u>	

825-411-528